

Please type a plus sign (+) inside this box



PTO/SB/01 (10_00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing
OR
☐ Declaration Submitted after initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number SIG000091

First Named Inventor Marcus W. May

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**LOW THRESHOLD VOLTAGE CIRCUIT EMPLOYING A HIGH THRESHOLD VOLTAGE
OUTPUT STAGE**

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checkign the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Applications Numbers(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119 (e), 120, or 365 (c) of any U.S. or PCT application(s) listed below.

Application Numbers(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/484,556	7/2/2003	

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box

+

PTO/SB/01 (10_00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION - Utility or Design Patent Application

Direct all correspondence to:		<input checked="checked" type="checkbox"/> Customer Number or Bar Code Label	34,399	OR	<input type="checkbox"/> Correspondence address below
Name WILLIAM W. KIDD					
Address P.O. Box 160727					
Address					
City Austin		State TX		ZIP 78716-0727	
Country USA		Telephone (512) 263-1842		FAX (512) 263-1469	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.c. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Marcus W.		Family Name or Surname May	
Inventor's Signature		<i>Marcus W. Kidd</i>		Date 09/25/03	
Residence: City Austin		State TX		Country USA	
Citizenship		USA			
Mailing Address 3204 Thousand Oaks Dr					
Mailing Address					
City Austin		State TX		ZIP 78746	
Country		USA			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Matthew D.		Family Name or Surname Felder	
Inventor's Signature		<i>Matthew D. Felder</i>		Date 9/25/03	
Residence: City Austin		State TX		Country USA	
Citizenship		USA			
Mailing Address 12109 Barrel Bend					
Mailing Address					
City Austin		State TX		ZIP 78748	
Country		USA			
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheets(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box



Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Marcus W. May

Group Art Unit

Examiner Name

Attorney Docket Number

SIG000091

I hereby appoint:



Practitioners at Customer Number

34,399

OR



Practitioner(s) named below:

Place Customer
Number Bar Code
Label Here

Name	Registration Number
WILLIAM W. KIDD	31,772
Timothy W. Markison	33,534
Bruce E. Garlick	36,520
James A. Harrison	40,401

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:



The above-mentioned Customer Number.

OR



Firm or
Individual Name

William W. Kidd

Address

P.O. Box 160727

Address

City

Austin

State

TX

Zip

78716-0727

Country

USA

Telephone

(512) 263-1842

Fax

(512) 263-1469

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Marcus W. May

Signature

Date

05/25/03

NOTE:

Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 2 forms are submitted.

SEND TO: Assistant Commissioner for Patents,
Washington, DC 20231

Please type a plus sign (+) inside this box

+

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/81 (10, 00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Marcus W. May
Group Art Unit	
Examiner Name	
Attorney Docket Number	SIG000091

I hereby appoint:

☒ Practitioners at Customer Number

34,399

Place Customer
Number Bar Code
Label Here

OR

☐ Practitioner(s) named below:

Name	Registration Number
WILLIAM W. KIDD	31,772
Timothy W. Markison	33,534
Bruce E. Garlick	36,520
James A. Harrison	40,401

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

William W. Kidd

Address

P.O. Box 160727

Address

City

Austin

State

TX

Zip

78716-0727

Country

USA

Telephone

(512) 263-1842

Fax

(512) 263-1469

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Matthew D. Felder

Signature

Matthew D. Felder

Date

9/25/03

NOTE:

Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

☐

*Total of

forms are submitted.

SEND TO: Assistant Commissioner for Patents,